CUSTOMER DUE DILIGENCE (KNOW YOUR CUSTOMER (KYC)) COMPLIANCE QUESTIONNAIRE

This questionnaire is to assist Nafa Financial Services in conducting Know Your Customer (KYC) Due Diligence on its partners in order to comply with the Anti-Money Laundering & Combating of Terrorist Financing Act (AML/CTF). This questionnaire should be completed and executed by a Senior Executive of the Company.

SECTION 1: COMPANY OWNERSHIP & STRUCTURE

1. Corporate Name: _____
2. Commercial Name: _____
3. Registered Address: _____
4. Date of Incorporation: _____
5. License Number (please attach copy of license): _____
6. Business Registration Number (please attach certificate of incorporation): _____
7. Principal Business Activity: _____
8. Is your Company a public traded entity? If yes list the exchange(s): _____
9. Name and address of your Company's Independent Auditors: _____
   _____
   _____
10. Registration Date: _____
11. Date Operation Commenced: _____
12. Contact Person: _____
13. Phone & Fax Numbers of Contact Person: _____
14. E-mail Address of Contact Person: _____
15. Managing Director/CEO's Name: _____

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16. Are any of the Shareholders/Partners, Directors, Officers, Legal Representatives Politically Exposed Persons (PEPs)?

Yes☐ No☐

If YES, please describe.

_____
_____
_____
_____

17. Does your Company have policies covering relationships with Politically Exposed Persons (PEP's), their family and close associates?

Yes☐ No☐

18. Has the Company or any of its Principals been subject to any investigations, enforcement proceedings, inquiries, convictions, consent, decrees or similar actions by any government agencies within the past 5 years?

Yes☐ No☐

If YES, please describe.

_____
_____
_____
_____

19. Provide name, date of birth and % of ownership for each owner who has more than 10% of the shares.

FULL NAME	DATE OF BIRTH	TYPE OF IDENTIFICATION DOCUMENT	DOCUMENT IDENTIFICATION NUMBER	OWNER SHIP %

20. List the names and positions of the members of the Board of Directors.

NAME	TITLE	DATE OF BIRTH

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21. List the name and positions or equivalent of the members of the Company (Chief Executive, Managers, and Chief Financial Officer etc.).

NAME	TITLE	DATE OF BIRTH

22. How many branches does the Company has and where are the branches located?

Number of Branches:

BRANCH	LOCATION	TELEPHONE NUMBER

23. Does the Company have affiliates?

Yes☐ No☐

24. Does the Company have subsidiaries?

Yes☐ No☐

SUBSIDIARY NAME	COUNTRY	%

25. Is the Company a Subsidiary?

Yes☐ No☐

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If YES, please provide the following information from your parent Company.

NAME OF PARENT COMPANY	COUNTRY	TYPE OF BUSINESS	%

26. How long has the Company been in the money remittance business?

_____

27. Does the Company need a license to operate?

Yes☐ No☐

If YES by which Institution is the license issued?

28. Does the Company offer other Money Services Business in addition to Money Transmission?

Yes☐ No☐

If yes, please indicate other services:

_____
_____
_____
_____

SECTION 2: REGULATION

29. Does the law in your jurisdiction require you to have an AML Compliance Program?

Yes☐ No☐

30. Does the law in your jurisdiction require you to have an AML Compliance Officer?

Yes☐ No☐

If yes, please complete the information below.

NAME	E-MAIL ADDRESS	LENGTH OF TIME WITH THE COMPANY

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SECTION 3: AML/CTF POLICY & PROCEDURES

31. Do the government agencies examine or audit your business's AML Compliance Program?

Yes☐ No☐

If YES, what Agency performs the examination?

_____

32. Has the Company trained its executives and employees on matters pertaining to the prevention of money laundering and terrorist financing?

Yes☐ No☐

If YES, indicate the frequency and the last training date.

_____
_____
_____
_____

33. Does the Company have an Anti-Money Laundering & Combating of Terrorist Financing Policy and Procedures Manual?

Yes☐ No☐

34. Does the Compliance Program contain the following components to make it effective?

- Compliance with national Cash Reporting requirements. Yes☐ No☐
- Procedure for filing Suspicious Activity Reports. Yes☐ No☐
- Procedure to conduct checks for Specially Designated Nationals (SDN), and OFAC. Yes☐ No☐
- Procedure to conduct automated orders reviews for suspicious transactions and customer activity. Yes☐ No☐

35. Do you screen new and existing customers against the sanctioned persons list?
Yes☐ No☐

If yes, please state if you use any of the following:

☐ OFAC

☐ EU

☐ Others (please specify) _____

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36. Does the Company have an Independent Audit of the AML program system?

Yes☐ No☐

If YES, please provide the following information:

Who performs the review?

_____

Indicate frequency of AML audits.

_____

Date of the last review.

_____

37. Has your Company had any regulatory or criminal enforcement actions resulting from violations of AML/CTF laws or regulations in the last five years?

Yes☐ No☐

If YES, please comment:

_____
_____
_____
_____

SECTION 4: TRANSACTION MONITORING

38. Does your Company use an automated or manual AML/CTF monitoring system?

Yes☐ No☐

39. At a high level, describe the parameters and thresholds of the AML/CTF monitoring system and the basis on which these parameters and thresholds were determined (i.e., customer profile, geography, product type etc). Please provide on separate page as may be required.

_____
_____
_____
_____

40. Has your Institution filed large Currency Transaction Reports (CTR's) or Suspicious Activity Reports (SAR's) to its local regulator within the past year?

Yes☐ No☐

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SECTION 5: RISK ASSESSMENT

41. Does your Company complete a risk-based assessment to understand the normal and expected transactions of its customers?

Yes☐ No☐

42. Does your Company determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that pose a high risk of illicit activities at or through your company?

Yes☐ No☐

43. Does your Company conduct business with any other type of high risk, cash intensive businesses such as Internet Gambling / Casinos and Currency Exchange/ Casa de Cambio businesses?

Yes☐ No☐

If yes, please detail the client.

_____
_____
_____
_____

44. How do you evaluate a client's risk?

_____
_____
_____
_____

45. Does your Company have policies and procedures prohibiting your company from providing services for high risk segments?

Yes☐ No☐

If NO, does the risk assessment determine the appropriate level of enhanced due diligence necessary for relevant customers?

Yes☐ No☐

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46. Does the risk assessment include PEPs?

Yes☐ No☐

Please describe what measures of enhanced due diligence are employed for PEPs. (e.g. Compliance/Senior Management approval, enhanced monitoring etc).

_____
_____
_____
_____

47. Does your Company have a requirement to collect information regarding its customers business activities?

Yes☐ No☐

How frequently is the Customer Due Diligence information updated?

_____

SECTION 6: DECLARATION

I confirm that, to the best of my knowledge, the information provided above is correct, accurate and reflective of my Company's Anti-Money Laundering, Combating Terrorist Financing, Know Your Customer Policies, and Sanctions Compliance Policies, Procedures and Programmes.

Name: _____

Title: _____

Signature: _____

Date: _____

Telephone Number(s): _____

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